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DECLARATION FOR PATENT APPLICATION			12058
As a below named inventor, I hereby declare	e that:		
My resid nc , post offic address and citiz	nship are as stat db low ne	ktt my name.	
I believe I am the original, first and sole invenames are listed below) of the subject matter METHOD FOR COATING ARTICLES, ARTICLES	r which is claimed and for wh	ich a patent is sought on the inventio	on entitled:
the specification of which is attached hereto u	unless the following box is che	cked:	
was filed on as United S and was amended on	States Application Number or (if applicable).	PCT International Application Number	r
I hereby state that I have reviewed and under by any amendment referred to above. I acknowledge the duty to disclose information §1.56. I hereby claim foreign priority benefit inventor's certificate listed below and have a date before that of the application on which	on which is material to patent s under Title 35, United State Iso identified below any foreiç	ability as defined in Title 37, Code of is Code, §119(a)-(d) of any foreign ap	Federal Regular
Prior Foreign Application		:=====================================	======================================
			riority Claimed Yes No
(Number)	(Country)	(Day/Month/Year Filed)	 ∏Yes ∏ No
(Number)	(Country)	(Day/Month/Year Filed)	
I hereby claim the benefit under Title 35, Unbelow. (Application Number)	nited States Code, §119(e) o	f any <u>United States provisional ap</u>	plication(s) list
	·		
(Application Number)	(Filing Date)		
I hereby claim the benefit under Title 35, Unithe subject matter of each of the claims of the provided by the first paragraph of Title 35, Unmaterial to patentability as defined in Title 37 the prior application and the national or PCT	ois application is not disclosed nited States Code, §112, I ac 7, Code of Federal Regulation international filing date of thi	I in the prior United States application knowledge the duty to disclose informations, §1.56 which became available bet	n in the manner nation which is
(Application Number)	(Filing Date)	(Status - patented, pe	anding, abandon
(Application Number)	(Filing Date)	(Status - patented, pe	ending, abandon
I hereby appoint the following attorney(s) and Trademark Office connected therewith, CUST Paul J. DiConza, Reg. No. 48,418 Christian G. Cabou, Reg. No. 35,467, Jill Johnson, Reg. No. 38,929, Patrick K. Patnoc Co. 601, Johnson, Reg. No. 38,929, Patrick C. Patnoc Co. 601, Johnson, Reg. No. 38,929, Patrick C. 600, January M. Michaell, Reg. No. 65,600	M. Breedlove, Reg. No. 32,6 de, Reg. No. 40,121, Ronald I	384, Donald S. Ingraham, Reg. No. E. Myrick, R g. No. 26,315, Henry J.	33,714, Noreer Policinski, Reg.
26,621, James W. Mitchell, Reg. No. 25,602, Beninati, Reg. No. 40,510.	, bernaru ənyuer, Meg. Nö. 24	,,o+s, ∪auieiine J. wint r, Heg. No. 3	,304, and J N
Address all telephone calls to: Pau	ul J. DiConza a	tt lephon number (518) 387-	6131
CRD Pate	Electric Company ent D cket Rm 4A59		

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Docket Nur 120581 I hereby declare that all statements made herein of my own knowledge are true and that all statements mad on information b lief are believ d to be true and further that these statements were made with the knowledge that willful false statements and lik so mad ar punishable by fin or imprisonm nt or both, under Section 1001 of Title 18 of the United States Code and such willful false statements may jeopardize the validity of the application or any patent issued thereon. **SOLE OR FIRST INVENTOR:** Full name: Robert Anthony Fusaro, Jr. Last Name First Map Signature: Citizenship: USA Schenectady, New York Residence: City and State 1401 Hawthorne Street, Schenectady, New York 12309 12303 64 Post Office Address: SECOND JOINT INVENTOR: Full name: Harvey Donald Solomon Middle Name First Name Date 08/22/02 Signature: / Schenectady, New York Citizenship: USA Residence: City and State 2501 Antonia Drive, Schenectady, New York 12309 Post Office Address: THIRD JOINT INVENTOR: Full name: Last Name First Name Date . Signature: Citizenship: Residence: City and State Post Office Address: FOURTH JOINT INVENTOR: Full name: Last Name Middle Name First Name Signature: Residence: Citizenship: _ City and State P st Offic Address: